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EDITOR, C. M. A. J.

THE
CANADIAN NURSE
A Monthly Journal for the Nursing Profession in Canada

VOL. XII. VANCOUVER, B.C., NOVEMBER, 1916 No. 11

To The Nurses of Canada

Now that the "National" owns and publishes the "Canadian Nurse," it is the part of each nurse to help, and our subscriptions must be doubled by the first of the year or we cannot carry on our part. Winnipeg has set us a shining example, and if each subscriber will make it her business to get one new subscriber we will be able to help Miss Randal with her work. Do you all realize that we are asking her to give all her time to us and so far have said nothing to her about salary? Now, this is not fair nor business-like, and we must make an effort. Each month we propose to show what each Province is doing to help, so begin now to do your share.

Sincerely yours,

SCHARLEY BROWN,
(Mrs. R. Bryce Brown)
President.

Advantages of Belonging to the Nurses' Association

(Jean Blythe)

The advantages of belonging to the Nurses' Association are so many in number that in the few minutes at my disposal this evening I shall attempt to enumerate only a few, leaving my hearers to bring out other points of interest in the general discussion that is to follow.

And first there is the financial and professional advantage. Before the days of association and co-operation the work of nursing was much more poorly paid than at present, and nurses and their work were by the general public much less highly esteemed. If then organizations of this sort have been so helpful in raising the public status of nurses and improving their material rewards we owe it to ourselves and to our sisters to do our part in maintaining and improving them. Without the efforts of the public-spirited our associations would die of inanition; but where all reap the benefit, is it fair that a few only should keep up the work? A little exertion on the part of every professional nurse in the city of Vancouver, would keep our circle in a flourishing condition, but

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for every slacker someone else must do more than the fair share due from her if the work is not to suffer.

But there is a better reason still for maintaining our association and attending its meetings. That reason is professional efficiency. In the institutions in which we were trained, our instructors were ambitious to impart to us the latest and best methods in vogue in their time, and after serving our apprenticeship and passing our examinations, we were graduated as a class supposedly in the forefront of our profession; but, have we all maintained our place? Have we advanced with the leaders of the nursing world as the years have passed, or have we lagged behind to become the back numbers and the have-beens? If we have kept apart from others the chances are that we have drifted to the rear; if we have kept in touch with some good organization, that is one of the best proofs that there is life still in us. For even in an association the meetings of which are attended only by the few, it is impossible, I believe, that one meets no one who can speak of an interesting magazine article she has recently seen, a new book she has studied, or a case that has brought out methods new and helpful in practice.

In meetings such as ours, there is likely to be someone with a difficulty, if she will only speak out. If she makes bold to speak out she is likely to voice the difficulties of others as well as of herself. Discussion follows; different solutions are presented; much light may emerge where there was darkness before. The less skilful or less practised are benefited and encouraged by the skill of the more experienced and more efficient. But the benefit does not end here, for those who instruct others receive the best of the lesson themselves. It is Nature's own method of reward; it is only an instance of the eternal law that to him that hath shall be given.

And last, but by no means least, there is the immense advantage of social interest and fellowship. We all know too well, especially when the abundant vitality and energy of our earlier years begin to wane, something of the worn out feeling of body and spirit that weighs heavily upon us with the close of each day's work. There is every excuse for sitting close by one's own fireside and shutting the door on all the world. But to surrender without terms to this feeling is too surely a confession that we are no longer that force which we have been, and that we shall ere long pass back into the ranks of the reserves. While it is most unwise to be never at rest, never relaxed, always from home, it is part of the highest wisdom to seek sometimes our rest and recreation in the company of others, where, as iron sharpeneth iron, a woman's countenance sharpeneth the countenance of her friend.

In Vancouver there is special need for these social meetings, and there are special advantages. Vancouver is a new city, and many of us are far, far from home in every sense of the word, in a land of strangers. In meetings of this kind we form new ties of interest and friendship; new links are forged that bind heart to heart. Then we are from many lands,

from many corners of the world, and it is a privilege to be enjoyed here as in few other places to a similar extent, to visit through quiet intercourse with the new friends we meet here the lands we may have from childhood longed to see, the fairylands of our earliest dreams. And there is, in these terrible times, when burdens almost too heavy to be borne, threaten to crush our spirits, a cessation from troubling on the part of the wicked on the plains of Flanders, and a wholesome, if brief, respite from the weariness of the day.

The Practical Nurse Question

A Two Years' Study in Detroit—By Charlotte A. Aikens. Reprinted from the Detroit Medical Journal.

Since the beginning of 1914 the Detroit Home Nursing Association has been making a study of the best means of managing the practical nurse question in Detroit. The records of service given in more than 1,000 homes are on file and a large amount of information relative to the general situation has been secured. Backed by a group of representative medical men of the city, by superintendents of larger hospitals, and by leading citizens, the effort has been made to build up for service in homes of families of moderate means, a corps of reliable workers who would work under the direction of graduate nurse supervisors to whom they might appeal in any time of doubt or emergency. The aim has been to send to each home calling for assistance the kind of nurse best fitted to the needs of that home, to safeguard the interests of the home and of the worker—in short, to give an all-around, practical form of nursing service for such homes at the lowest expense possible with justice to the worker.

Of the value of the household or practical nurse in certain classes of cases and conditions there is little dispute. In the cases in which the patient can be considered separate from her home and family, a graduate nurse should be called. But in a large majority of cases not the patient alone, but the home needs to be cared for, and the woman who, besides caring for the sick, is willing to get meals, keep the house in order, see that the man's dinner pail is gotten ready, and the children washed, dressed and off to school, is in demand and will continue to be in demand. How to increase her efficiency and minimize the difficulties under which she labors has been made a subject of special study in Detroit during the years 1914 and 1915.

Two important difficulties in regard to this class of worker from the standpoint of the public. First, the practical nurse is (often through no fault of her own) pressed into service on critical cases where a high degree of nursing skill is needed. Second, the tendency with many practical nurses is to unduly increase the price for their service. From the standpoint of the practical nurse herself, the difficulty in many homes is that the family resolves to get all the work possible out of her. They

plan for unusual and unnecessary labor to be done during the sickness; often they make no provision for needed sleep and too many times they expect her to wait months for her money. It is often found that the household nurse who is caring for a sick mother and perhaps a baby besides, will be expected by some relative, to do the housecleaning in her "odd moments," to do large washings, to scrub carpets, and do various other kinds of work which should never be expected of her. No woman can do such work in a home without neglecting the patient, who should be the first consideration. Many complaints about neglect of the patient arise from this cause. Thus it is that the superintendent of the association providing such service becomes in many cases an adjuster of domestic conditions—always insisting on the patient's interests being placed first, and the housework being limited to duties which are essential to be done for the comfort of the household.

During the two years' study of this situation 403 women have applied to the Detroit Home Nursing Association, asking to be placed on their list of workers. Out of this number the superintendent accepted 107. Of these 27 were rejected after a trial, leaving a staff of 80 household nurses at the beginning of 1916. Since that date several new workers have been added to the accepted list.

The reasons for the rejection of the 27 who seemed to have in them the possibilities of becoming fairly good workers and who brought with them excellent recommendations, are in general as follows: Some were habitually untruthful and, therefore, unreliable. This fault was frequently discovered in those whose recommendations were of the best. Others were "gossipy"—could not control their tongues, discussed physicians and the association promiscuously and had no idea of loyalty to anybody. The little unruly member is difficult to deal with in pupil nurses and even in graduates who have had a three-years' training—every one familiar with the situation knows this. It is still more of a problem with the untrained woman, in spite of all the instruction and warning the superintendent could give. Others had "men followers"—too many of them, who were taking them from their work for long telephone conversations—to the neglect of the patient, or who called for them in the evenings and brought them back after midnight, unfit to give efficient service to the patient and family next day. They were, in the main, young women who were capable of giving fairly good service but for these personal failings.

The 296 who were rejected without trial were rejected for the following reasons:

1. A large proportion of them were found on careful questioning to have no serious intention of staying in this line of work for any length of time. They were simply taking it up as a temporary "tideover" till they found some job better suited to their liking. Many of them were "canvassers" who did not like to be out canvassing in cold weather, and who did not wish to be in the sick room in warm weather. They had no desire to become efficient in this work.

2. A considerable number objected to the superintendent insisting that they must not wear white dresses while on duty, and must have a supply of colored working aprons. They wished to copy the graduate nurse as far as possible. They wished to be called "trained nurses" and they refused to do housework. Many of this class were rejected probationers from hospital schools.

3. A large number objected to the association fixing the rates for service. They spurned the idea of working for $2 a day or less and demanded $20 to $25 a week when they made their own charges.

4. Others were too profuse in their own praise. They had had perhaps one or two cases, and felt equal to the most difficult situations. Their self-confidence condemned them as unteachable and dangerous—the type who would not hesitate to prescribe for a patient without bothering to ask the doctor about it.

5. A number of these applicants presented themselves dressed to resemble a Paris doll—face painted and powdered, tawdry finery, sham jewelry in the shape of bracelets, ear-rings, lavallieres, hair ornaments, etc.

6. A considerable number of women—especially those who had had some experience in the care of the sick, objected to being supervised by a graduate. They knew too much to be desirable workers.

7. Many who applied were not neat or clean in their habits or dress. A careful scrutiny showed lack of cleanliness about clothing, neck, ears, hands, etc. Judging from the odor of perspiration which they exuded, they were badly in need of a bath and a clean set of underclothes. Some of this class who seemed otherwise promising, were given a trial in the hope that if they were given a chance for regular baths, etc., their habits would improve in this respect.

8. Several presented themselves as applicants with the odor of intoxicating liquor on their breath.

9. Some had disagreeable physical defects—nasal catarrh, "running ears," etc., and a few applied whose appearance suggested the possible presence of serious specific disease.

10. The others might be grouped as "doubtful characters." They were most insistent that they be promised their hours off-duty at night. A little probing showed that they were fond of public dance halls and that the hour at which they arrived at the home of their patient after the dance did not matter, in their estimation.

Of the 403 applicants, six had had a correspondence course in nursing of some kind. Two of the six were given a trial. Both were women of good character who seemed to have possibilities of usefulness in some way in this field. One was a nice, refined elderly woman whom the superintendent thought might fit in, in certain places where there was no night work and nothing very difficult to deal with. She had paid one hundred dollars for the course she had taken from a correspondence

school. She was too old to learn a new occupation of any kind, and unable to apply such knowledge as she had acquired, so had to be dropped after one trial case.

The other was a young woman of perhaps thirty years of age who seemed intelligent and promising. She might have succeeded without the correspondence course, but was too full of theories to succeed after she had it. Few cases in homes can be managed according to "the books" or according to theories as to how they should be handled. She lacked discipline, was "self-opinionated," resented directions from the superintendent, and did not seem to get along without friction in any home to which she was sent. She was dropped after a fair trial.

About 200 of the 403 applicants had had some experience in hospitals. Some had worked in a sanitarium of some kind, but a large number—in fact, most of them not accepted—were rejected probationers from hospitals in Michigan, Ontario, and adjacent states. Some very good applicants had been obliged to interrupt their training course in a hospital for family reasons and circumstances made it necessary for them to earn money at once. Inquiry at the hospitals from which several of these applicants came showed that their general record there had been good, and in some cases the hospitals expressed the desire to have them return to complete their training.

The rejected probationer is by all odds the most difficult type to deal with. She has been long enough in a hospital to acquire certain habits, overestimates her worth, objects to housework, wants to wear white dresses on duty and be called a "trained nurse" and is generally insubordinate. The same qualities which unfitted her for continuing her hospital course unfit her for household nursing. A large number of this class kept prominent the stipulation that they be promised "hours off" at night. Most of them wanted from $20 to $25 a week for their services.

The experience of the association with this class of applicants has confirmed them in the belief that for those who desire to devote themselves to nursing in homes of moderate means the best place to train is in the home supplemented by class work and weekly conferences with the superintendent, such as are carried on throughout most of the year.

In the list of those accepted as workers are many splendid women. A large number of them are of mature age with experience in the management of a home and children. To them life is a serious thing. They have to "make good." Many are widows who have learned in the school of life much which the young graduate has yet to learn. They are careful to obey orders, eager to increase their efficiency, economical in the management of household affairs and give a large measure of willing service. Many of them are refined and intelligent—women who can be sent to a home with confidence that they will try to keep up the standard of service which the association endeavors to provide. Such women appreciate the association and its high standards of service with the protection which it affords them. They are quick to send in a call for the supervisor to

come to assist them when in difficulty, and careful to try to observe the instructions given. Experience has proven that the graduate and the practical nurse can work together harmoniously, each doing that which she is best fitted to do, and both striving to render to the sick of moderate means, prompt and efficient service.

Educational Requirements of Nurses

(By Peter H. Bryce, M. D., Chief Medical Officer, Dept. of the Interior.)

In the proceedings of the Conference on Mental Hygiene, 1912, President John H. Finley, of the College of the City of New York, read a short paper on the "Role of the Higher Institutions of Learning in the Promotion of Social Betterment." At the outset Professor Finley quoted the following from a chart in the "Exhibit":

> "Our conduct in thought depends upon the capacity of our nervous system. The brain is the individual by which man lives, moves and has being. Education is the process of training the brain and the nervous system by study and discipline. The aim of education should be to develop the capacity of these organs to the utmost."

During the Conference one whole session was set apart for the "Nurses' Meeting," at which were discussed the several subjects:—

1. Mental Nursing in Relation to Insanity.
2. Nursing in Mental Disorders.
3. Mental Hygiene Work and Co-operation for Nurses.
4. Opportunities for Nurses and Social Workers in the Field of Mental Hygiene.

Where so many phases of mental hygiene were discussed we can see that those related to District nursing received much attention. If we consider for a moment what a District Nurse sets out to do we find that at the very threshold of the home she encounters a problem of psychology. Should the mistress of the house be a Canadian or American, then the nurse has to deal with an assertion of independence and self-confidence both of manner and language, which must be respected, while being successfully dealt with. The call for a nurse's assistance may be the result of disease, honest poverty or commercial misfortune or oftener of shiftlessness or intemperance; but in either case it will make a large demand upon the nurse's tact, sympathy, experience and knowledge of human nature. Again, it may be the case of a British immigrant accustomed to assistance and district visitors, who will pour out her story of misfortune and urge many claims for special consideration. In this case the attitude of the nursing authority requires to be one of perhaps pointing to household duties neglected, which firmly require corresponding action and self

help. Or, again, it may be the foreign immigrant accustomed to a spying and overbearing officialism, who suspects the visiting nurse of coming to investigate regarding some infraction of the law, as overcrowding. Here the situation is made more difficult by her sense of helplessness due to a lack of knowledge both of our language, our laws and our customs.

If we turn to the problems which the district nurse has to deal with we find them often of a highly complex and technical character. There is the problem of the inexperienced young mother and her infant, of the young child who may be ill-developed both mentally and physically, or the helpless child suffering from infantile paralysis or tubercular joint disease. Again the nurse too often finds the young girl of school age kept at home for trivial if necessary duty, or often learns of an older brother working as message boy at long hours and being deprived of his chance at school; or she may find in the home a backward or imbecile child, the case demanding in most instances prompt and discriminating action, and perhaps finally she may have to deal with the results of chronic tuberculosis or of alcoholism resulting in the complete upsetting of normal household life. From these several illustrations it seems abundantly clear that Prof. Finlay's insistence upon the need of an educated brain becomes the first consideration at the beginning of the training of a district nurse. That hitherto there has been too little training of the nurse or even of the young physician in psychology is abundantly plain to anyone who has had experience in connection with both family sickness and family nursing. Katherine Tucker, A. B. R. N., Director of the Social Service Committee on Mental Hygiene in New York, says in a paper at the Conference already referred to:—

> "We are sadly lacking, however, in proper facilities for the early attention and care of incipient cases of insanity. But it may be said that the problem of taking definite action in the case of mental insanity is equalled by the necessity for the after-care of patients who have returned home 'reported cured' from institutions. Regarding the nurse's relation to such work, Miss Tucker says: 'We must have the help of those women who are especially prepared by training and experience to grasp the subject and who come into direct contact with so many homes.'"

Thus the prejudice against institutions which receive cases of insanity or psychopathies of any sort must be overcome by education, tact and patience, and this will be done by none so naturally and well as by the district nurse.

To the end of helping nurses Miss Tucker gives a list of over a dozen books running from "Why Worry?" to one on "The Role of Education in the Prevention of Insanity." Indeed, the list fully demonstrates how wide are the demands of the situation upon the abilities of the trained nurse, so that we naturally ask: What may properly be required of those who propose taking up the profession of nursing as a life work, and how is this desideratum to be brought about? It is quite evident from

Professor Finley's quotation that education of a general character up to some recognized standard, such as that of university matriculation, may properly be insisted upon in Canada as a preliminary to entering upon training as a nurse. Such a standard, while generally acceptable, should be supplemented by several qualifications such as (a) options in the matter of some of the subjects usually required in the high school course; (b) certificates as to physical fitness, family history and previous occupations.

The hospital course of study once entered upon, however, it is fair to assume that such will be thorough and complete: How far the existing routine practice adopted in our hospitals fits in best with the psychological method for development is not for the writer to determine; but it may be accepted as a fact that hospital education should pass from the simple and concrete to the more complex and abstract. Thus the principles of sanitary housekeeping with all this implies pass naturally into the asepticism of surgical methods; while the mechanical work of the surgical ward becomes the natural and most practical way by which the young nurse becomes initiated into the more complex mechanism of hospital training. Seemingly it is true as well as natural, as with the young medical student that the nurse in training soon prefers the more active and exciting, though more mechanical work of surgical nursing to that of caring for cases of disease.

Clearly, however, it is the surgical work, which in practice later becomes of least value in the work of school or district nursing. Indeed, as with medical practitioners, it has been found that relatively few nurses seem desirous, or if desirous then capable, of dealing effectively with the problems which in the ever growing complexities of the social organism are more and more demanding study with a view to their solution. If, however, it is essential to successful nursing, as to the practice of medicine, that the physiology of the brain and a careful observation of its operations be studied, should we desire to obtain an intelligent grasp of the activating mind or of psychology, then it is quite plain that the preliminary training of the nurse, through general education, to think out abstract problems must be of a somewhat advanced kind. Those who have examined the feeble-minded and backward are very soon struck with the fact that in the lower realms of thought as measured by attention, association, interest, memory and comparison, many persons are quite capable of comprehending simple problems and performing well various acts requiring the use of the hands, eyes, ears and touch, yet who are singularly incapable of interesting themselves in or apprehending problems dealing with abstract subjects. While it may be said that such persons, on their emotional side through sympathy and love, may obtain results in district nursing work which are often surprising, yet it is nevertheless true that such work will be found to remain on a relatively low ethical plane of routine and does not rise higher than the mental capacity of her who initiates and performs it. One has only to observe

the work of different persons, varying so greatly as to the quality of the results, who are in charge of children's homes or charitable industrial institutions in order to realize that the absence of the scientifically cultivated mind, alive to and versed in the deeper problems of life, must inevitably result in the mechanical performance of what demands intellectual and emotional illumination of the first order and which, indeed, we usually term *spiritual.*

As nursing has during the past twenty-five years steadily become more and more a profession, so it is very evident, as Medicine has come to deal more and more with the psychological which so determines the effectiveness of the individual, the family and society, that those who have especially in charge the interests of the nursing profession will study seriously the most practical ways through which such scientific knowledge and trained efficiency may become a part of the mental equipment of every nurse graduated from the various hospitals and nurses' training institutes in Canada.

Private Nursing

(By Miss Annie Kennedy, R. N., Brandon, Man.)

Written for the C. N. A. Convention, Winnipeg.

Training schools make a specialty of rules and regulations, in other words, of technique, so that most young graduates are suitably equipped in this respect. As we become older nurses it is to be hoped we have added to this much modern fact and theory pertaining to nursing, and are using this technical knowledge whenever and wherever consistent with environment. Then, too, let us bring suitable material equipment to our cases. It is a great pity, and maybe a great wrong, to be handicapped in one's work through lack of a probe, medicine dropper or maybe a nail brush. A good medical dictionary is a compact treasure and direct reference to it at some time may be of great importance. Germicidal soap is worth carrying. Even if this soap is not believed in for the use of the hands, it is an effective remedy, ready, safe and odorless, in the treatment of pediculosis should the embarrassing need of such arise. A nurse wins a due respect from the people with whom she nurses if she always carries her own hand lotion, postage stamps, etc.

Let us as much as possible systematise the minor duties. In the nursing of obstetrics this systematising reduced to a science is one of the secrets of success. Foreknow and forestall, thus economising time and energy, and encouraging in the patient a restful confidence.

In a large city nearly all calls for a nurse come direct from doctors. The one in charge of the registry would not think it safe to a nurse's person to consider a call coming from simply some friend of the patient,

but in smaller places it is very common for a friend of the patient to place the nurse o nthe case and even nurses give other nurses cases they themselves cannot take. This is a mistaken practice and leads to much confusion and misunderstanding. The patient chooses the doctor and thereby gives the entire case to that doctor, and one should no more compel a doctor to work with a given nurse than he would name to him a method of treatment. On the case, a nurse's first duty is to the doctor. She serves the people only through serving him to whom they deliberately gave the case. Should they change doctors, then the nurse leaves or signifies her willingness to leave. The second doctor may ask her to stay and should she then choose to do so, she knows she is on the case with his approval and good will, and may thus serve the people in the only way possible to a trained nurse on duty .

There is some doubt as to whether ours at present is really one of the learned professions or is only aspiring to become one. We may safely call it a very beautiful combination of industry and fine art—the industrial fibre and the fine art qualities, of the larger, the medical profession.

The social side of private nursing presents a problem, and to many, a stumbling block to its choice as a constant occupation. The various locations of our cases keep us detatched from community interests, and compel us to live a sort of gypsy life in the constant changing of our surroundings. Rational forethought here can help considerably. Counterbalance the long hours on duty by many days off duty. There are fifty-two Sabbaths in the year. Let us not stint this number of absolute rest days in our nursing year. Our work usually affords much practice in executive ability and physical exertions, so in the spare moments let us seek rather to develop the gracious accomplishments of intellect and spirit. Much of the monotony we feel in our work is due to simply a lack of immediate competition, and we may find actually that our work as compared with our ideals of it, is discouragingly commonplace. But who can work effectively at anything and not know much discouragement and monotony? Let us build new ideals on the foundations, the well-worn foundations—old ideals.

Private nurses are scattered broadcast over the province. Future nurses look at us and decide that they will take training. It is to be hoped that they may look beyond the ultra stylish costume or vice versa, and see a well developed womanhood in a well chosen work. Let us be thankful our work is such as to aid in the development of womanhood.

But private nursing has yet another aspect. All enthusiasts agree that a fundamental need of nurses is education, liberal education, and we readily believe it as a theory but stumble at its practice for we know there is and always will be more nursing than can be done by only the highly efficient. Let us suggest that the need is a more pronounced grading of nurses. School teachers of the second class become school teachers of the first class with increased salary only by much natural talent, appli-

cation and expense, and why not require a similar talent, application and expense of the nurses of the first class over nurses of the second class? Recognized schools for nurses may be able to place their graduates in the first class for, say, one year. Not for long though in these days of active intellects can a nurse depend upon rote and routine for success in a very much alive line of work. If she would remain in the first class after one year there should be required of her much natural talent, application and expense—in other words, the Provincial Association should prescribe its own text-books from which may be dictated a somewhat elaborate course of reading to supplement the limited instruction possible to training schools and on this combination examine for provincial registration. A similar difference in money remuneration with which difference the medical profession and public would soon become acquainted, would naturally solve the problem of the division of work between the two classes. A nurse who habitually takes long and chronic cases utilizing her spare time for, say, the production of fancy work, cannot by magic become adept in the nicety of attendance in surgery, nor in the alert observations and particular nursing that rightly belong to pneumonia and other short but decisive cases. The nursing of rheumatism, diabetes, etc., does not require the same precision of preparation nor does it use up the nerve, which tension then must be followed by a longer period of rest. Pay in the first class of nursing should cover this expense of extra preparation and extra rest. The second class of nursing does not demand a nursing costume of spotless white, the up-keep of which is considerable, and the public, who must indirectly support the nurse's costume, might be spared some unnecessary expense here. This closer grading of nurses may be an advanced step in the evolution of nursing, but just now we may remedy the present system by a simple alteration. We have a chartered association and therewith Government recognition. We are young. Florence Nightingale marks the date 1854 only. We are struggling with our growth and need assistance. It is the business of the local Government to encourage anything that is for public good. Is it unreasonable to ask assistance in the form of a Government grant say of one hundred dollars per year to every nurse who advances nursing by taking Provincial Registration and by being actively engaged in private nursing for, say, two hundred days in the year? This hundred dollars may seem a prompter, insignificant or mercenary, but it is something tangible to reckon on, and being a just return for worthy efforts can be only a good. Most associations of graduate nurses have the charges set high enough to cover unvaryingly the price of nursing of the first class. This is not fair to the public, and the public is well aware of the injustice. The charges might be set so as to suit the second class of nursing say fifty cents less per day, and the associations could count on the just additional remuneration being covered by the Government grant. The public and medical profession would surely prove willing and appreciative participants in a new order of private nursing and a conscientious nurse can be happy in her work only when she feels there is really value given for value received.

The Treatment of Dysentery

(M. G. Morrison, No. 5 Canadian General Hospital, Salonika)

About May 20th word came to us that dysentery had broken out among the troops in the hills, and that one hundred and fifty patients a day would be sent in to hospital. Like all other rumors, this one was an exaggeration. However, our colonel and his assistants began to prepare. First a site was chosen on the highest ground of our camp, probably about forty feet above the road. The rise is gradual, so that it is not a hill, just higher ground. The situation commands a view of our camp, the French, A. S. C. Gloucester, No. 4 C. G. Hospital, and No. 28 Imperial Hospital are camps to be seen on three sides. In the distance Greek villages and vineyards, with the hills for a background, long white lines of roads, leading to and winding around the hills.

Salonika, situated on the side of a hill, stands out well. The buildings from here all look a pale yellow, with red roofs. Around some are clusters of trees. The green of the trees is refreshing to look at, as there are so few in this district. Dotted here and there are the tall white minarets of the Moslem Churches, the monuments left of Turkish occupation of Salonika. On our left is the sea, and to complete the picture, one of our splendid hospital ships is lying at anchor. The ship, painted white with green band, red cross and yellow smoke stack, gleams in the sunlight. Two marquees were first pitched, twelve beds placed in each. A square tent was pitched for preparing and serving diets from, and keeping medicines in. Patients came in immediately. Some dysentery cases were in other wards, and were transferred. In a few days two more marquees were pitched. They were soon full. A bell tent was put up between the marquees, which we used for an office, and keeping charts, supplies, medicines, and extra linen. Every few days more tents or marquees were put up until finally we had ten wards, with accommodation for a hundred and fifty patients, three square serving tents, four bell tents, for offices. A tin and wire net small fly-proof house, was also built, for the purpose of cleansing and disinfecting utensils, the washing of stained linen and keeping soiled linen. Each morning the soiled linen was rolled and taken to be fumigated before sending to the laundry. We were so afraid of flies carrying the infection that we waged a constant war on them. Twice a day we had the sanitary corporal spray the tents throughout, we trapped, caught and swatted. By the end of the month they were greatly diminished in number—no longer a nuisance. All this was going on while we were receiving and nursing very sick cases.

The giving of medicines, diets, treatments, cleansing sponges, and bed changing seemed endless. The staff was small at first, and the place was opened without being first outfitted to keep up sufficient supplies, and

to form a basis to work on was one of the first problems. A consultation with two medical officers resulted in the following form:

MEDICINE.—Day of admission, castor oil, oz. i., give in lemon or lime juice with 20 gr. soda bicarb. Night of admission, calomel and soda gr. ii., give in 2 doses. Follow with soda sulp. dram ii., 4, 6, 8 a. m. and 4, 6, 8 p.m., for two days. Third day, Bismuth mat. dram vi., b. i. d.; aqua menthi Pip dram ii., chlorodyne mxv q. 3 h. P.R.N. for abdominal pain. Emetin when ordered; anti-dysentery serum given by M. O.

DIET.—Water ad. lib.; albumin water, rice water, barley water, jelly, arrowroot. Third day—liquids, softs, beef tea, chicken.

TREATMENT.—Saline irrig. for blood and mucus, add adrenalin dram i. for hæmorrhage; tannic irrig. for chronic condition; starch enemata oz. iv. containing Tr. Opü. m.xx. Specimen urine of each new patient to be sent to laboratory.

No doubt you wonder why the medicines were given just morning and evening. It was so arranged to avoid the disturbing of the patients in the heat of the day, also to save the sisters extra work during those hours. For a few days all our clinical thermometers registered 102; when shaken down they would rise again immediately. We overcame the difficulty by putting ice in the solution the thermometers stood in. After we got a full staff, we arranged one day to have 11 to 2 off duty hours, and the next day from 4 to 7. At the end of the day the sisters would stand with parched mouth, and bathed in perspiration, nerves on edge, and perhaps a bit short-tempered, so if a rubber sheet was left unfolded, or the trays were in a crooked pile, no one seemed to have the energy to put them straight, or to ask the extra exertion of anyone else. During that time we all drank quarts of lemonade every day. Our patients were equally thirsty, and on account of the drain on their system the M. O. advised nourishment every hour, but later it was decided nourishment every 2 hours during the day and every 4 hours during the night was sufficient, with water given between nourishments. Fluids just disappeared, and we were asked how we could use so much. The wonder is we did not drink the well dry. At first we boiled and cooled all the drinking water. Later the water of our camp's new well was tested and pronounced pure. We used the well water and were saved that much labor.

In order to get the diets systematized, our matron suggested that a central diet kitchen was what we needed. Another square tent was erected, two "Perfection" oil stoves, and two large tables and three cupboards, some cooking utensils and supplies completed the outfit. Sister Cobbe took charge, and was successful in keeping on hand rice water, barley water, albumin water, beef tea, jelly, custard and cocoa. A large supply was used during the day and sufficient left for the night. In the wards over each bed was hung a mosquito net, under which the patient slept and ate. On the locker at the bedside was one of the Red Cross squares of netting with a bead at each corner to put over bowl or feeder.

One M. O. describes dysentery as the kind of case that keep you on tip-toe all the time. During June and July we treated four hundred cases. Three hundred and sixteen became convalescent and went to hospital ship, seventy-seven recovered and returned to duty. Seven died and their p. m.'s revealed excessive hæmorrhage, intestinal gangrene, perforation or a heart condition.

Now, just a short history of a few of the cases treated, to illustrate our work in the wards:

Chatterton, Lce. Corpl. R. V. Derby Yeo.

May 28—Diarrhœa, pain in stomach; most pain when at stool; began eight days ago; marked tenderness in left iliac region.

May 31—B. M. 5 or 6 during night, every half hour day.

June 2—Given sod sulph 3-ii every 2 hours; having a number of big stools; some mucas and possibly blood.

June 3—Frequent stools and blood this a. m.; tenesmus.

June 4—Chloro. q. 3 hr.; still pains in abdomen; temp. 101.

June 5—B. M. 12 during night, 12 yesterday; some straining; some tenesmus; temp. 99-3; stools watery; some mucus and blood. Given Bis. and sod. dram i. t. i. d.

June 6—No. B. M. during night, but straining; temp. 100; amoebæ not found in stools.

June 7—About 12 B. M. during night; mucus not tinged with blood. 20 c.c. anti-dysentery serum; tannic acid irrig. one.

June 9—B. M. ii. last night x-ii. yesterday; much mucus but little blood; 20 c.c. anti-dysentery serum; feels much better.

June 10—B. M. ii. in past 12 hours; no pain; no straining.

This is just an ordinary case of bacilli dysentery.

Powrie, Pte. W. P., Infantry—Bacilli Dysentery:

June 1—Almost constant bowel movements, blood and mucus; no appetite; has not vomited salts dram i. q. h.

June 2—Bowels less frequent, but still painful; salts dram ii. q. 4 h.; starch and opium enema in a. m. Tannic acid enema p. m.

June 3—Says he feels much better; B. M. less frequent; stool exam. amœbæ found present; T. 101; emetine gr. 2-3 and gr. 1-3 daily, 2 doses.

June 4—Feels very week, but has less pain; allowed toast; stop salts.

June 5—T. 100 B. M. 8 day, 15 last night; has been passing blood; straining; some tenesmus; tongue dry, cracked, not coated; abd. tender.

June 6—Invol. stools; back looking sore; washed with alcohol; painted with silver nit. 10%; T. 100.

June 7—Still having invol. stools, greenish; no mucus; tongue dry and cracked; Pt. is toxic; T. 101; 20 c.c. anti-dysentery serum.

June 8—T. 101; stools still invol; tongue dry and cracked; T. 100; anti-dys. serum intravenously.

June 9—B. M. still invol.; bismuth stopped; emetine gr. 2-3 b.i.d. for 3 days.

June 10—Feeding, chicken broth, eggs, etc.

June 11—Still invol. stools, but condition much better.

June 13—Emetine stopped; give liq. diet; castor oil dram vi., follow sod. sal. dram iii. q. 2 h. for 3 doses.

June 15—Liquid and soft diets.

June 16—Pt. has some but not full control of his sphincter of rectum. Has an infected finger of left hand with swelling extending over back of hand; stool very soft and green with a great deal of mucus.

June 17—Better control of sphincters.

June 19—Full control over sphincters; stools water green and contains a great deal of mucus flakes.

June 21—Condition better.

June 23—B. M. v., vomited a little in night; finger almost better.

June 26—Stool still has small amount of mucus.

From the 26th on Powrie improved. He was a lean, sandy-haired Scotchman, and very dry. Finger and back healed. Dysentery stopped and he enjoyed a light diet and was allowed up. We were all proud when he could get from his bed to the tent door and sit in a Red Cross camp chair. In a few days he left us on a stretcher to go to hospital ship. When saying good-bye to us, he remarked: "Well, the Sisters kept me from getting my crown." We smiled, and took it as a Scotchman's compliment. You notice that the infection was both bacillic and amœbic.

Stanton, Pte. E., R. A. M. O., Base Lab.:

June 9—Onset sudden, this morning; passing blood and mucus; castor oil dram i. and sod. sulph. dram ii.

June 10—Bowels invol. every 15 or 20 min.; straining and tenesmus; mucus and a great deal of blood; tongue dry, coated. Pt. restless; doesn't seem to notice things about him; pulse 138 and bounding; T. 101.4 last night; 99.6 this morning; iliac regions very tender. 11 a. m. 40 c.c. anti-dysentery serum intravenously. Rectal injection of adrenalin dram i. (of an 1.000) in O. i normal saline; 8 p. m. 20 c.c. anti-dysentery serum intravenously.

Report from Base Lab. Shega Bacillus.

June 11—Very weak during night; given Pituitrin 1 c.c. and hypo Camphor Oil gr. v. q. 2 h. Rectal saline O.i e. dram i.; adrenalin q. 6 h., sod. sulph. dram ss. for 2 doses Last night one stool T. 103.2 during night; 98.2 morning.

June 12—20 c.c. anti-dys. serum, intravenous; invol. stools, quite a bit of blood; T. 100 p. m.

June 15—Anti-dys. serum 20 c.c. intravenously; still having invol. stools, very little blood.

June 16—Stool, green (invol.) semi-formed; much mucus, no blood. Liquid diet; great amount tenderness in both iliac regions.

June 17—B. M. viii. in 24 hours; soda sulph. dram. iii. 4 and 6 p.m.; pulse good, discontinue camphor.

June 18—Involuntary stool soft, no blood.

June 18—Pt. weak, tongue dry. 20 c.c. anti-dys. serum, subcutaneous.

June 19—T. normal since 12th; still invol. stool.

On recovery from dysentery this patient developed a mental condition for about a week. He had to be watched as he did not seem responsible. It was not due alone to the acute attack of shega dysentery, as in earlier life he had had a like attack. In the end he went to hospital ship quite normal.

Jones, Driver, R. F. A.

June 21—On June 19th diarrhoea, straining, tenesmus; was taken to 27 C. C. Station; blood and mucus in stools; was given Ol Ricini oz. i. and Tr. Opii mxx; came to No. 5 C. G. Hosp. sitting patient. On admission pt. was in state of collapse; pulse could not be counted; T. 99 (collapse state probably due to intense heat); Pituitrin 1 c.c. and gr. v. camphor oil and morph. gr. 1/4 given. Foot of bed elevated; abdomen flat and very tender all over; great deal of colic.

June 22—Castor oil and sod. sulph. given.

June 23—B. M. 10. A. D. serum 20 c.c.; abdomen tender; complains of sore feet; soles swollen.

At the end of a week this patient sat up, took nourishment well, and was able to shave himself.

How I wish you could see the patients, watching the hospital ships come in! Then in turn they go, either walk or are carried to the ambulance on a stretcher. Names are called off by the sergeant, then the ambulance proceeds to the pier where a barge awaits them and they proceed to the ship lying off at anchor. All this is seen from our hospital. It would make an interesting movie. Patients all look forward so much to the change after their illness. In July the patients came in with a double infection of dysentery and malaria.

Plummer, Pte., who came to us with both diseases, temp. 105, pulse 120, resp. 40, color blue. As well as the routine dysentery treatment, he was given quinine gr. x. dissolved in 20 c. c. normal saline and given intraveinously. Pt. responded well, perspired, color improved, temperature pulse and respiration all lowered. He progressed steadily for ten days, when we received word from the office that he was to be got ready for hospital ship. After having his kit drawn from the pack stores, the orderly dressed him. Just as he was ready a message came to say no more transfers to hospital ship to-day. Of course he was disappointed, but we consoled him with a new Red Cross pipe, which he smoked contentedly for the rest of the day. He got away the next morning. Often the patients send us a letter or card from Malta, to tell us of their trip, progress made in the condition, and they never forget to thank us.

Child Welfare Work

(Nora Moore)

(Written for the C. N. A. Convention, Winnipeg.)

I feel it is a great honor to have been invited to give this short paper on Child Welfare Work, though I am sure there are a great many in the room who are far more familiar with this subject than I am.

In a recent article written by Dr. Alan Brown, of Toronto, he states, "that this problem is to-day one of the great national, social and economic problems. The future of every nation depends on its children, their physical, mental and moral strength. If the infants die there will be no children to educate. Formerly, and in fact only till recent years, it was considered that the nation with the highest mortality was the most fortunate. How frequently one hears the assertion that delicate infants should not live; that efforts directed along this line are futile, and that hospitals erected for the saving of these delicate children are but misguided pieces of philanthropy, and in fact, some go so far as to state that such measures are more or less perversion of medical science and that it interferes with the law of natural selection which is the survival of the fittest.

One has but to consult the biographies of many of the scientists of the world to contradict these disillusioned and unfounded impressions. Most of those who in infancy are regarded as physically unfit were healthy at birth and merely the victims of a bad environment, improper feeding and neglect, in short, conditions which it is quite possible to remove. This problem is as old as the human race, although in different places and at different periods of the world the standpoint has changed.

The following facts may serve to give one the idea of what infant mortality is. A new born child has less chance to live than a man of ninety, and of living a year than a man of eighty. Over 3,200,000 infants less than a year old perish annually in the countries forming the civilized world, or in other words, one infant dies in every ten seconds every hour out of the twenty-four.

Vital statistics permit of most startling revelations. For instance, in Ireland, which has a favorable death rate in infants, one has an example of simple decimation. During the period of 1895 to 1905, 104 infants died of every one thousand born. In Germany, an example of double decimation is seen where for the past ten years there have been 197 infant deaths for every one thousand born, in other words, two in ten. Russia affords an example of triple decimation, where 263 infants died out of every thousand born, or three in ten. The countries most favorably suited are Sweden and Norway, with averages of 96 and 86 respectively, for the past years, altough their rate has been somewhat lower than this of recent years. In the United States and Canada, owing to the regrettable fact that birth registration is not enforced, the mortality figures can only be estimated.

In a résumé such as this, it is impossible to touch in detail all the etiological factors, and for this reason, have selected the three most important, namely: neglect, ignorance and poverty. These causes may perhaps be called the three fundamental causes of infant mortality. Poverty means poor health for the mother, lower intelligence, lack of energy and general inefficiency, and forces families to live in crowded unsanitary surroundings. Poverty forces mothers to work for a living.

The future of our country depends on its children. If they are eventually to justify their place in the world they must be saved from ill health, ignorance and vice, and must be safeguarded not only from the time of birth, but must begin at the very earliest stage, namely, the expectant mother herself."

Up to now, you will notice that I have given you extracts taken entirely from the article written by Dr. Allan Brown. I think a brief summary of the development of our own department along this line may be of interest.

The role played by the nurse in Child Welfare Work is indeed a very prominent one. Realizing this fact, Toronto began its visiting nurses eight and a half years ago. The first nurse was appointed in connection with a Hospital Tuberculosis Dispensary and for four years reached those patients who voluntarily sought free medical care.

The regulation which made the notification of tuberculosis compulsory gave the Department of Public Health the power to enter the homes of those suspected or afflicted with the disease. This meant an increase of staff and in a short time nine nurses were engaged in this work. In the summer of 1912 the superintendent was called upon to supervise the work of child welfare. This meant more nurses, more expense and a new field of work. The work among infants had hardly been entered upon when it was found there was much overlapping. The tuberculosis nurse and the child welfare nurse visiting the same home, not only overlapping but a conflict of duties. The tuberculosis nurse, under stress, giving direction for the care of the baby and the child welfare nurse pressed to go outside her special work.

The question arose, who should be responsible? Tradition fell before present needs and the outcome—the organization of Public Health Nurses as we have to-day, namely: One nurse being assigned to a limited area in which she is entirely responsible for the health of the community. Her duties may include tuberculosis clinic, well baby consultation; mothercraft classes, or a daily inspection of a day nursery as well as all forms of health visiting.

I might, if time permitted, go into detail, but I am sure we are all convinced that real progress can be obtained by going backward back to the school child, back to the ante-natal period, remembering always that the object is not to relieve the parents of their responsibility, but to raise the standard by removal of ignorance, negligence and indifference.

Editorial

SHORTAGE OF NURSES.

The attention of the nurses is drawn to a letter from a subscriber about this subject. It was discussed at the Convention in Winnipeg, when the committee reported the efforts that had been made, without success, to help the military department by sending plenty of vouched for nurses. This has been one of the most discouraging features of this war, so far as the nursing goes. Just what we can do is the question. Political pull seems to be still the determining factor as to who shall go or stay.

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The editor's mail has been filled with complaints of the non-arrival of the September number. Many were dated early in September, and probably most of them got the belated number. It is a most hopeful sign when the nurses are so interested, and I hope they will always let me know, if they do not get their own magazine. However, it is only fair to say that many who have written could not be found on the mailing list sent by the old publishers, nor on the filing cards. The amount of work trying to get this all arranged has been tremendous, and the Editor begs that any who are still minus their copies will write and give date, where possible, of the month they subscribed, and we will try to get the matter adjusted to everyone's satisfaction. Too small a number of the September issue were printed to send more than to those on the mailing list, and many have been disappointed, but when type is destroyed, it is very expensive to reprint.

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A suggestion has been made that a "Good Idea" department be started. If anyone has found out something helpful to others, please send it, and begin the new feature.

* * * *

Subscriptions are still coming in slowly. New Westminster led all Canada in proportion to the number of nurses, nearly half the nurses in the city now subscribe, and more are coming in.

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A splendid idea originated with Miss Johns of the Children's Hospital, Winnipeg, and has been adopted by the Manitoba Association. They are going to subscribe for each nurse of their association who has gone overseas, giving each a year of the "Canadian Nurse" as a Christmas present.

* * * *

Who will take up the same idea? Surely all our nurses at the front often wonder what is being done at home by their fellow nurses, and

this plan helps both the nurses and the journal. If associations will forward orders for this to be done, we will see that each nurse gets her December copy with the best wishes from the Association and Magazine.

* * * *

Please send more material. Many associations are not doing this regularly. The Editor would like to see each Province forward news items. Articles are hard to get, though we all know many nurses who can write excellent papers if they only would. Send papers read at your different meetings, if you really wish to help.

* * * *

By some inadvertance, the offer of the Jeffrey Hale's Hospital, Quebec, was not noted by the "Canadian Nurse Purchase Committee." This has just been brought to our attention by the offer being repeated. As the purchase money has all been arranged for, this offer has been accepted by the "Canadian Nurse" as a help in the effort to keep the magazine going for this first and hardest year.

* * * *

Hospitals can help us by having their buyers ask the firms with whom they deal if they advertise in the "Canadian Nurse."

* * * *

Have you asked your friends to subscribe? Only one dollar for your own nursing journal. Please make an effort this month.

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The Editor will be very grateful to any subscriber who is willing to part with her copy of the September number of "The Nurse" to mail it without delay to her address, 302—15th Avenue, East Burnaby, B.C.

The Nurse

(From "Punch")

Here in the long white ward I stand,
Pausing a little breathless space,
Touching a restless, fevered hand,
Murmuring comforts commonplace—

Long enough pause to feel the cold
Fingers of fear about my heart:
Just for a moment, uncontrolled,
All the pent tears of pity start.

While here I strive, as best I may,
Strangers' long hours of pain to ease:
Dumbly I question—Far away
Lies my beloved even as these?

The progress in the country work of the Order is very promising. A few years ago it was not easy to persuade the people in communities where nurses were badly needed to organize quickly. They thought it over, weighed everything, imagined all the difficulties that might arise and so on, and sometimes decided against doing anything or else organized with fear and trembling after having thought it over for several years. Now they organize at once and ask that the nurse be sent in a week's time or so.

Other important changes are to be noted: The demands are for a fully trained nurse first, and fewer questions are asked as to what other things she will do. They have grasped the fact that the fully trained woman is the one who will not let a sick mother worry about her little ones, who will not withhold her help from the tired mother of a large family; who will do all she can to make the wheels of every-day life go around smoothly. Then, too, people are realizing that the nurse should be able to be alone. She should have a quiet spot, which is home to her, where she will be unmolested by noise or visitors, if she so desires. So plans are shaping themselves for nursing homes and where such are not feasible, for a little shack for the nurse, where she may reign supreme.

Throughout the country there is noticeable a great growth in knowledge of health matters. The prevention idea has seized the people and whereas a few years ago school nursing, child welfare work, etc., were regarded in many parts as fads, now those things are seized by the people and they say: "Let us organize and have this nurse if only for the school work." "for the work with the babies," etc. With all this going on, the country nursing is becoming more and more attractive. The salary is good, there is chance of promotion and a steady increase from year to year. Many openings will occur during the next few months and the Order can place as many suitable nurses as present themselves.

For full particulars concerning the work, and work in connection with other branches of Victorian Order activity, write the Chief Superintendent, 578 Somerset Street, Ottawa, Ontario.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield Street
Reading Room—The Club Room, 638a Dorchester Street West.

NURSING BOOKS

Technical Books—If there is any book on nursing you want, write us and we will try to get it for you—The Canadian Nurse, 302 Fifteenth Avenue, East Burnaby, B. C.

WANTED

Experienced Operating Room Supervisor. Applicants must give age, nationality, qualifications, etc. Vancouver General Hospital, Vancouver, B. C.

HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone: Columbus 7780 7751.

The Nurse's Library

"Practical Points in Nursing," by Emily M. A. Stoney, late Superintendent of Training School for Nurses, Carney Hospital, Boston, Mass. Fifth edition, revised, by Lucy C. Catlin, R. N., of the Youngstown Hospital, Ohio, 12mo of 511 pages, containing 102 illustrations. Philadelphia and London; W. B. Saunders Company, 1916. Cloth, $1.75 net.—W. B. Saunders Company, Philadelphia and London.

The fifth edition of this book on nursing brings Miss Stoney's book again up to date. It has a strong hold on the nurses for the author writes about many of the problems that present themselves constantly to the private nurse, particularly the recent graduate. It will be a welcome addition to the nurse's bookshelf for constant reference.

"Clinical Studies for Nurses," for Second and Third Year Pupil Nurses. By Charlotte A. Aikens, formerly Superintendent of Columbia Hospital, Pittsburg, and of Iowa Methodist Hospital, Des Moines. Third edition, revised. 12mo. of 567 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1916. Cloth, $2.00 net. W. B. Saunders Company, Philadelphia and London.

"Clinical Studies for Nurses"—Charlotte A. Aikens—third edition revised. This book has been thoroughly revised in this edition, and an entirely new chapter on Constitutional Diseases has been added. This book is of much value to the student in the hospital, for it condenses so much of the subjects she has been taught, and has it ready for her in a compact form. This book should be included in the text-books of every training school.

"The Expectant Mother," by Samuel Myllis Bandler, M. D., Professor of Gynecology in the New York Post-graduate Medical School and Hospital. 12mo volume of 213 pages with 14 illustrations. Philadelphia and London. W. B. Saunders Co., 1916. Cloth $1.25 net. W. B. Saunders Co., Philadelphia. Sole Canadian agents, the J. F. Hartz Co. Ltd., Toronto, Ont. This book in its clear statements and explanations will indeed be a help to the expectant mother, who is so often ignorant of the process through which she is passing. "A clearer insight into woman's sphere, better care, and greater watchfulness over all our patients are the great hope of the future." The chapter on twilight sleep should throw light on this much-discussed subject.

"The Midwife's Pronouncing Dictionary," by Henry Robinson, M. A. M. D., District Medical Officer to the London County Council, and the Metropolitan Water Board: late resident obstetric officer at St. George's Hospital. One shilling net. The Scientific Press Ltd., 28-29 Southampton Street, London.

Letters to The Editor

THE MIDWIFE QUESTION

Dear Editor:

I was much interested in the letter written by a certified midwife and published in the October issue. I do not think the nurses of Canada are ignorant as to the training the midwife (certified) has in England, but the point in Mrs. Hutley's letter seems to touch a real difference between using them in England, and in Canada. She says: "They all have to work under medical supervision, and have to report every birth they attend, and then a nurse is sent to every home to enquire if there are any complaints to make," etc. Now, where in the sparsely settled districts of Canada can we supervise midwives? And where, too, can we be sure that they restrict themselves to obstetrical cases? How long would it be before the uncertified, unsupervised woman began to claim to be a "nurse"? There are many reasons why graduate nurses must take the responsibility of obstetrical cases as theirs, and either through the Victorian Order, or a similar association for maternity work only, look after the mothers of our country. It is our business, and our privilege.

X. Y. Z.

* * * *

Folkestone, Sept. 21st, 1916.

Dear Editor:

If you will kindly publish my letter it may bring to the notice of the nursing authorities in Canada a subject we should now begin to think about, and deal with—and that is to prevent our ranks from being overcrowded with English nurses after the war.

I am a Canadian war nurse at present in England, and previous to the war a subscriber to your magazine. Both in England and abroad I have come much in contact with the English trained nurse—and from them and possible hints in nursing periodicals I find that a great many, becoming aware of their narrowness as they never have before, and their own ranks being over-run with V. A. D.'s (not the lady members) but those who, before the war were not eligible for the profession and the war gave them their opportunity, have decided on new fields after the war, and Canada being nearer than South Africa or Australia, and consequently cheaper to reach, for the English nurse is not well paid, will probably get the most, unless steps are taken before then to advise the English nurse that she would be much happier at home, as the English standard of hospitals and nursing is so widely different from Canadian and American, which, being newer, naturally are somewhat different, and

the nurses graduating from them being much more adaptable and ready to take the initiative when necessary.

The profession here will not be convinced that we have schools capable and competent to keep up a supply equal to the demand—they cannot conceive of our having anything like the Toronto hospitals or the Royal Victoria or Montreal General, nor of its being so easy for us to take a post-graduate course at John Hopkins, or other American institutions, but we have frequently been told that a colonial training is not recognized here. To me the English ignorance of Canada seems quite inexcusable. Hoping you will find room for this, I am, yours sincerely,

A REAL CANADIAN.

* * * *

Dear Editor:

In connection with the article from the British Red Cross Journal in "Letter Box" of October issue, I might say that five Edmonton graduate nurses waited on the Premier of the Province and asked him to send to the Premier of Canada a vigorous protest from the Edmonton nurses that strangers should be sent to nurse our boys, while there are still in Canada and particularly in Alberta, a large number of graduate nurses who were willing and anxious to give their services to nurse the wounded. A number of them willing, if needs be, to pay their own way (which in my opinion should not be required of them.) The Premier advised us to send to the British Red Cross Journal an account of the interview, and let them know that there were plenty of certified nurses in Canada ready to go, and if the Dominion Government would not send them, the Home Government should know at least, that they had offered. He also told us that we should notify the Dominion Government that we had sent the information to the British Red Cross Journal, and promised to use his influence with Sir Robert Borden to urge that the nurses should be sent. Alberta nurses feel very strongly that more of them should be given a chance to go, regardless of politics.

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QUEBEC

The engagement is announced of Miss Sarah Chisholm, daughter of Mr. and Mrs. R. J. Chisholm, Vankleek Hill, Ontario, to Capt. J. Oliver Hamilton, R. A. M. C. Reserve, son of Dr. and Mrs. J. H. Hamilton, Elm House, Hawick, N. B. It is understood the marriage will take place early this month, on the return of Capt. Hamilton on leave from France. Miss Chisholm, who has been on the nursing staff of No. 3 Canadian General Hospital (McGill unit) since May, 1915, is a graduate of the Royal Victoria Hospital, Montreal.

* * * *

ONTARIO

Collingwood

Miss Spearing, who has been for the past two years school nurse in Fort William, spent her holidays at her home near Collingwood.

Miss J. McDonald, who has been nursing in Toronto, is spending her holidays at her home on the mountain.

Sarnia

The graduation exercises for the 1916 class of nurses of the Sarnia General Hospital was held in the City Hall, on the evening of October 17, 1916. A large number of friends of the nurses and others interested in the hospital, were in attendance. The medical staff was well represented, also the clergy from the city. The class of graduates were: Miss Leona Boyce, Annie McCormick, Florence McCrae, London; Myrtle Curts, Park Hill; Annabel Dawson, Wyoming. Dr. McLean, Chairman of the Hospital Board, presided, and Rev. Mr. Hall led in the opening prayer.

Dr. McLean read the Florence Nightingale pledge, to which the nurses responded. The diplomas were presented by Dr. McDonald, Chairman of the Medical Staff, and Miss Margaret McKenzie, President of the Ladies' Aid, presented the medals. The many friends of the nurses most generously remembered them with many beautiful bouquets, and Dr. McMillen gave to each graduate a thermometer.

Rev. Mr. Patterson gave an excellent address to the graduating class. Miss Darville, Lady Superintendent, presented the report of the training school. The musical part of the programme was excellent. The selections by the orchestra and the solos by Mrs. Workman, Mrs. Laughlin and Mr. George Murphy added greatly in making the evening a success.

The exercises concluded with the singing of the National Anthem, after which an informal dance was thoroughly enjoyed. Lunch was served by the Ladies' Aid and all felt that the graduation was one of the most enjoyable ever held.

Miss Elizabeth Dulmage, former Superintendent of the S. G. H., is away on a year's leave of absence and has charge of No. 3 Stationary Hospital, France. She was appointed Matron of the Nursing Sisters of the Western University Hospitl Unit No. 10, of London, Ontario. Miss Dulmage is a very capable woman, and was loved and appreciated by all the nurses who trained and graduated under her in the S. G. H. Miss Dulmage thoughtfully remembered the new graduates with a kind letter, and sent to each a beautiful handkerchief from France.

In the absence of Miss Dulmage, Miss Darville is Lady Superintendent, with Miss Lee as assistant.

Miss Eva Grimason, graduate of the S. G. H. Class '14, left Sarnia in July for duty overseas.

Owen Sound

The Alumnae Association of the Owen Sound, Ont., General and Marine Hospital held their first meeting in September after a period of seven months without meetings. So many changes have taken place among our nurses, some at the war, some out of town permanently, and some married, that it has been utterly impossible to hold association meetings.

Now having started again, we are hoping to continue our meetings regularly. A fresh interest has been aroused in Red Cross work and already extra gatherings are taking place for this purpose.

At our meeting in November, Dr. Gaviller, late of the hospitals in Malta and England, will address the nurses on nursing conditions in the war zone.

The nurses in training at the O. S. G. & M. Hospital held a very enjoyable "at home" on October 18th to welcome home their superintendent, Miss Wood, and say good-bye to Miss Gaden, the Assistant Superintendent of the summer time.

As we have no Nurses' Home, the nurses' dining room and corridor were prettily decorated with flags and autumn leaves, and were used for dancing and card playing, at which about seventy guests spent the evening.

Miss E. A. Wood, Superintendent of the O. S. G. & M. Hospital, has returned from New York, where she has taken a post-graduate course in executive work in the Harlem Hospital, and is again in charge of her hospital.

Miss J. McArthur, acting superintendent, has resigned and will take up private nursing in Owen Sound. Miss L. J. Gaden, assistant superintendent, has also resigned and left for her home in Aurora, where she will take a much needed rest.

Miss Lillian Muir has resigned her position at Parker & Co.'s drug store, and after a rest at her home in Fergus will again take up private nursing.

Miss E. Webster, who has been ill since the beginning of the year, is able to be out again, but will not be able for nursing for some time yet.

* * * *

SASKATCHEWAN

The officers of the recently formed Alumnæ Association of the Saskatoon City Hospital, are as follows: Hon. President, Mrs. R. J. Gardiner, Hythe, Kent, England; President, Mrs. Russell Hartney, 863 Saskatchewan Crescent; Vice-President, Mrs. G. G. Calder, 911 Seventh Avenue; Recording Secretary, Miss Rhoda Smith, 424 Fifth Avenue; Treasurer, Miss Margaret Hood, City Hospital; Corresponding Secretary, Miss Winifred Claughton, City Hospital; Conveners: Social Committee, Miss A. Blackwood; Red Cross Committee, Miss Flora McLean. Meeting, Second Tuesday, at the Nurses' Home, at 8 p. m.

At a meeting of the S. C. H. A. A., held at the Nurses' Home, City Hospital, Saskatoon, October 10th, Dr. J. A. Valens gave a most interesting account of the various hospitals which he had visited recently in England, and the method of transportation of wounded soldiers. He mentioned having met several Saskatoon nurses, amongst them Miss K. Sisman, Miss Helen Upton, Miss Agnes Dunham, and Miss Jessie McRae at Shorncliffe, all of whom were connected with the Saskatoon City Hospital previous to going overseas with No. 8 Canadian Hospital unit. A hearty vote of thanks was given Dr. Valens for his enjoyable address, after which refreshments were served by the nurses. Extracts were read from letters from the Hon. President, Mrs. R. J. Gardiner, who is in England, and Miss Ella Peterson ('12) who is now in Denmark. There was a large attendance.

* * * *

ALBERTA

Calgary

Miss Mina Betts, a member of the Calgary Association of Graduate Nurses, has been called to the Hospital, where she trained (the McKellar Hospital, Fort William) as head nurse in the Operating Room. Her many friends in Calgary wish her every success.

Edmonton

The Edmonton Graduate Nurses' Association held their monthly meeting September 25th at the home of one of their members, Mrs. Richards, 105th Street. Fourteen members were present. After the routine business, Mrs. Lucas addressed the meeting on the work of the V. A. D. in England. She asked the aid of the nurses in organizing and training a nursing division here in Edmonton, whose members

may be called to work overseas. This nursing division would be under the auspices of the St. John's Ambulance Overseas Brigade, and its registered members will be eligible for overseas service.

Miss C. Campbell (R. V. H.) has been appointed Superintendent of the Royal Alexandra Hospital, Edmonton.

A resolution of condolence was passed on the death of Miss Gilmour, Superintendent of the Edmonton City Hospital. The Secretary was instructed to send a copy to the relatives, and to the "Canadian Nurse." After the meeting closed, tea was served by Mrs. Richards.

RESOLUTION OF CONDOLENCE

"Whereas it has pleased God, in His wisdom, to call home one of our members, and valued co-workers, Miss Gilmour, therefore be is resolved: That we, the members of the Edmonton Graduate Nurses' Association, express our appreciation of Miss Gilmour's life and work, and extend our deepest sympathy to the bereaved family.

Signed on behalf of the E. G. N. A.,

A. SPROULE, Secretary.

* * * *

BRITISH COLUMBIA

Miss Colvin (R. V. H.) and Miss McGillivray (R. V. H.) have resigned their positions as Superintendent and Superintendent of Nurses in the Royal Columbian Hospital, New Westminster. They are both members of the executive of the G. N. A. of B. C., and it is much to be regretted that they would not accept the wish of the Hospital Board, and reconsider their resignations. They are planning to return to San Francisco, California, for the winter.

At the spring meeting of the New Westminster Graduate Nurses' Association, it was decided at the request of Miss Calvin to present a medal annually to the nurse making the highest marks in her class work.

The majority of the 1916 Class of the Royal Columbian Hospital are doing private nursing, with the exception of Miss Annie Murray, who is, we are sorry to learn, quite ill at Tranquille Sanitarium. Miss Murray left to take a position on the staff of the Sanitarium, but was compelled to give it up.

Miss G. Sinclair (R. C. H.) has been appointed Superintendent of the Royal Columbian Hospital. Miss Sinclair has been in charge of the operating room of the R. C. H. since her graduation. Miss Maud McLeod (R. V. H.) has been given the position of Superintendent of Nurses.

Letters have been received from the late President of the New Westminster Graduate Nurses' Association who is now with No. 5 Canadian General Hospital in Salonika. She speaks very cheerfully of the life and work of the hospital. Miss Jean McRae (R. C. H.) left recently for overseas with the Q. A. I. M. N. S.

The G. N. A. of New Westminster made and sterilized two thousand dressings, supplying one thousand yards of gauze, which was sent to the G. N. A. of B. C., who have been sending bales of surgical supplies throughout the year to the soldiers. The pupils of the R. C. H. also made and supplied dressings from one thousand yards of gauze.

Miss L. Boffey (V. G. H.) has returned to B. C. from San Francisco, where she has been doing private nursing, and intends to take a good rest and holiday in Dewdney.

Miss McCartin (V. G. H.) who has been doing private work in Vancouver, B. C., has left for Philadelphia to take a post-graduate course there. Miss McVicar (V. G. H.) has accompanied her and intends to take a post-graduate course in New York.

Miss Beharrell (V. G. H.) who has had charge of the Nicola Street Hospital, Vancouver, B. C., is leaving for Honolulu, where she will remain for the winter.

The Victoria Graduate Nurses' Association has been granted a certificate of incorporation under the Benevolent Societies' Act. There are to be five directors of the Association. The first directors being, Muriel Grimner, R. N.; Margaret A. Miller, Helen Bapty, Margaret Ivel and Isabelle Gregg.

Births

GOURLAY—To Mr. and Mrs. Gourlay, West Vancouver, B. C., on September 16th, a daughter. Mrs. Gourlay (nee Miss Rose Andrews, graduate Birmingham Hospital, Eng.)

MATHER—To Mr. and Mrs. Mather, New Lowell, On July 13th, 1916, a son. Mrs. Mather (Geraldine Morton) graduate of Collingwood, Ontario, Hospital.

Marriages

On July 11th, 1916, at Grenfell, Sask., H. Belle McGregor (Hamilton City Hospital, 1909) to Albert A. Richardson, of Grenfell, Sask., where they will reside.

A pretty and quiet wedding took place at 914 Twelfth Avenue, Vancouver, on Saturday morning last, when Mr. Theodore Houston Lennie, M. D., and Miss Sarah Elizabeth Hamilton, daughter of Mr. William Hamilton, Park Head, Ont., were united in marriage by Rev. Robert Lennie, father of the bridegroom. Dr. Lennie has been for a considerable time on the staff of the Vancouver General Hospital, while his bride has had charge of the nursing in the surgical department for several years. After a trip to Seattle and Victoria the happy couple will take up their residence at the corner of Ninth and Sasamat Street, Point Grey, where in addition to his hospital work, Dr. Lennie is establishing a practice. A number of Dr. and Mrs. Lennie's friends from the hospital were down at the wharf to extend their congratulations when the steamer was about to leave at 10 o'clock.

The marriage took place in Saskatoon, September 12th, 1916, of Lieut. D. W. McDonald, 96th Battalion, and Miss Laura McLeod, Class '16, Saskatoon City Hospital.

In September, 1915—Miss Christian Rogers, graduate of Sarnia General Hospital, Class '14, to Mr. Harrison Shanks, of Sarnia.

In October, 1915—Miss Parry, graduate of Sarnia General Hospital, to Mr. William South, of Brigden. Miss Parry was a graduate of Class '09.

In March, 1916—Miss Helen Wanless, of Port Huron, graduate of Sarnia General Hospital, Class '15, to Mr. Edward Goodison, of Sarnia.

On September 2nd, 1916—Miss Ina McLeod, of London, Graduate of the Sarnia General Hospital, Class '15, to Mr. Daniel Dow McDonough, of Detroit.

In December, 1915—Miss Reece, graduate of Sarnia General Hospital, Class '10, to Captain Frederick Talman, of Marine City, Mich.

At St. Paul's Church, Vancouver, B. C., Miss G. E. Barnard (graduate, M. H. M. Hospital, New Hampshire) to Mr. John D. D. Broom. Mr. and Mrs. Broom have gone on a trip East.

Miss Grace McCallum (Royal Columbian Hospital '15) to Mr. James McLeod, of Vancouver.

In Minneapolis, Miss Florence Sloan (R. C. H. '15) to Mr. Ross Sclater.

Married—In Division Street Presbyterian Church, Owen Sound, on October 19th, 1916, Miss Jessie W. Watson, Class '15, O. S. G. & M. Hospital, to Mr. McClellan B. Thomson. Mr. and Mrs. Thomson will reside in Dobbinton.

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Regular Meeting—First Tuesday, every second month.

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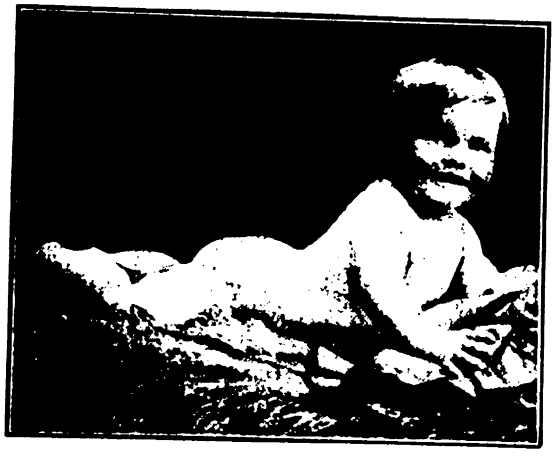

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